MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10600

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
LENGTH OF STAY (in this place) 5/21/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, rural
STREET ADDRESS (If rural give location) Route #4, Spring Gap

3. NAME OF DECEASED: (First) Howard (Middle) Jesse (Last) Baker

4. DATE OF DEATH: (Month) November (Day) 9, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 13, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Fort Ashby, W. Va. (Mineral Co.)

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jonathan Baker

14. MOTHER'S MAIDEN NAME: Julia Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
3317 Immediate cause	(a) Cerebral Hemorrhage.	?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension.	?
	DUE TO (c) General arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Spastic paraplegia	?

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1952, to Nov 9, 1953, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lawrence McLean M.D. ADDRESS 49 Prece St. DATE SIGNED 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov 11 1953

NAME OF CEMETERY OR CREMATORY Ft. Ashby Cemetery

LOCATION (City, town, or county) (State) Ft. Ashby, Mineral Co W. Va.

DATE REC'D BY LOCAL REGISTRAR Nov 11, 1953

REGISTRAR'S SIGNATURE Walter K. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
NOV 17 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10601 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland 02

LENGTH OF STAY (in this place): Lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland 02

STREET ADDRESS (If rural give location): 702 St. Mary's Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Cathrine	Bealky	II-	I3-	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed	Nov. 2I, I88I	7I yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	CUMBERLAND, Md	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Richard Hogan	Mary Ann Pertner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Joseph Andrews Cumberland Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause: 260X	(a) Uraemia	4 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis	5 yrs
	DUE TO (c) Diabetis Mellitus	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 53, to Nov. 13, 19 53, that I last saw the deceased alive on Nov 13, 19 53, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clark R. Sumwalt M.D.	Cumberland	11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	II-I7-53	St. Mary's Cem	Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 15, 1953	Walter L. Lantz, M.D.	James F. Scarpelli	Cumberland, Md.

RECEIVED
NOV 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. McLane

Reg. Dist. No. 10602 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg 21
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg 21
STREET ADDRESS (If rural give location) 58 Tarn Terrace

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (LINN) (Last) BENNETT

4. DATE OF DEATH: (Month) Nov. (Day) 23, (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 2-18-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Scotland 56
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Linn
14. MOTHER'S MAIDEN NAME: Mary Gardner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Louis Bell, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arterio Sclerosis — Interval Between Onset And Death: Several years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Emphysema — 1 year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1953, to Nov 23, 1953, that I last saw the deceased alive on Nov 23, 1953, and that death occurred at 9:20 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) WOM^c Lane M D ADDRESS Frostburg Md DATE SIGNED Nov 25 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-26-1953 NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 11-26-53 REGISTRAR'S SIGNATURE Mrs Nancy N. Roe
24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1953
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10603 4

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: V-35.3
STATE Penna. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Baltimore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) A. (Last) Bittlebrun

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 6-29-1865

9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): New Baltimore, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael Bittlebrun

14. MOTHER'S MAIDEN NAME: Sarah Wambaugh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Delbert Payton Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: 8 years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to 11-4, 1953, that I last saw the deceased alive on 11-7, 1953 and that death occurred at 3:35 P.M. from the causes and on the date stated above.

SIGNATURE J. D. Johnson (Degree or title) M.D.
ADDRESS Cumberland Md
DATE SIGNED 11-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-6-1953
NAME OF CEMETERY OR CREMATORY New Baltimore, Pa. Cem.
LOCATION (City, town, or county) (State) New Baltimore, Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 4, 1953
REGISTRAR'S SIGNATURE Walter K. Kautz, M.D.

24. FUNERAL DIRECTOR Charles L. George
ADDRESS Cumberland, Md.

RECEIVED
NOV 12 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10604 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland 02
LENGTH OF STAY (in this place) 45yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md. 02
STREET ADDRESS (If rural give location) 209 South St.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) (Last) Bradley

4. DATE OF DEATH: (Month) (Day) (Year) II-9-53 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 10, 1874

9. AGE last birthday: 79 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp. of Am.

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm R. Bradley

14. MOTHER'S MAIDEN NAME: Margaret Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-07-4729

17. INFORMANT & ADDRESS: A Anna M. Bradley 209 South St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Heart 4 Hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-1953, to 11-9-1953 that I last saw the deceased alive on 11-9-1953 and that death occurred at 8:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. L. Williams M.D. ADDRESS Cumberland DATE SIGNED 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF II-II-53

NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 14, 1953

REGISTRAR'S SIGNATURE Walter K. Fantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

VS-A15

RECEIVED
NOV 17 1953
BUREAU V. S.

Item #12, Film G160 12/28/53 mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10605

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland
LENGTH OF STAY (in this place) 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland
STREET ADDRESS (If rural give location) Church Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Bullick

4. DATE OF DEATH: (Month) (Day) (Year) Nov, 27. 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec, 10. 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Janitor- St.

10b. KIND OF BUSINESS OR INDUSTRY: Joseph Church.

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? Lithuania ✓

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 217-10-6460 A

17. INFORMANT & ADDRESS: Mrs. John Bullick (Wife) Midland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 day.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Arteriosclerosis — 5-6 yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia — 1 day.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1952 to 11/27, 1953, that I last saw the deceased alive on 11/27, 1953, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Eichhorn Jr. M.D.

ADDRESS Lonaconing Md.

DATE SIGNED 11/28/53

23. BURIAL, CREMATION, REMOVAL? (Specify) Burial

DATE THEREOF Nov. 30. 1953

NAME OF CEMETERY OR CREMATORY St. Micheal Cemetery.

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 11-28-53

REGISTRAR'S SIGNATURE Jeannette M Beal

24. FUNERAL DIRECTOR George Eichhorn

ADDRESS Lonaconing, Md.

VS.

RECEIVED
DEC 7 19[illegible]
BUREAU V. S.

Within corporate limits

Item 3: in person by E. J. Gocke nephew of deceased - [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 10006 No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 4½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 837 Gephart Drive

3. NAME OF DECEASED: (Type or Print) (First) Nell (Ele[illegible]) (Middle) B. (Last) Cadden

4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 19 53

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: Dec.16-1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): retired school teacher
10b. KIND OF BUSINESS OR INDUSTRY: Educational
11. BIRTHPLACE (State or foreign country): Barton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Cadden
14. MOTHER'S MAIDEN NAME: Alice Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Sacred Heart Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	about 10 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Arteriostosis	?
	(c) DUE TO		

331X

1900

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (Injury not the cause of death.)

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
21c. (City or town) Cumberland (County) Allegany (State) Md.
21d. TIME OF INJURY (Month) Feb.13- (Day) (Year) 1950 (Hour) P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell down stairs at home.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov.19-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11/23/53
NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul
LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE REC'D BY LOCAL REG. Nov. 23, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz M.D.
24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10607

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

LENGTH OF STAY (in this place) 30 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Bond Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 230. Bond Street

3. NAME OF DECEASED: (Type or Print) (First) Harreit (Middle) (Last) Coughenour

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb 27 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hancock, Washington Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Poole

14. MOTHER'S MAIDEN NAME: Mariah Oakman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Helen Brown, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

156.1

Immediate cause (a) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1953 to 11-23, 1953, that I last saw the deceased alive on 11-17, 1953 and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE J. F. Johnson Jr. (DEGREE OR TITLE) M.D. ADDRESS Cumberland, Md. DATE SIGNED 11-23-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Nov 25 1953

NAME OF CEMETERY OR CREMATORY Fairview Cemetery

LOCATION (City, town, or county) (State) Artemas, Bedford Co Pa

DATE REC'D BY LOCAL REG. Nov. 24, 1953

REGISTRAR'S SIGNATURE Winter R. Trautz, M.D.

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

BUREAU V. S.

Within corporate limits: DR. W.F. WMS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10608 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 76 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
STREET ADDRESS (If rural give location) 734 MARYLAND AVENUE

3. NAME OF DECEASED: (Type or Print) (First) PEARL (Middle) L (Last) CRAWFORD

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: JUNE 13, 1907

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MILES WRIGHT

14. MOTHER'S MAIDEN NAME: JULIA BRITT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4427

Immediate cause (a) Hypertensive Cardio

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Vascular Renal disease

DUE TO

(c)

Interval Between Onset And Death: 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 1953 to 11-11-1953 that I last saw the deceased alive on 11-11-1953 and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. L. Williams MD ADDRESS Cumberland DATE SIGNED 11-11-53

23. BURIAL, CREMATION, REMOVAL, (Specify) burial

DATE THEREOF 11-14-53

NAME OF CEMETERY OR CREMATORY Mt. View Cemetery

LOCATION (City, town, or county) (State) Vinton, Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 12, 1953

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-5

NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1604

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN MUST BE PRESERVED FOR BINDING

VS. A-5A - 5 - 53

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Railroad St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) 18 Railroad St

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) E. (Last) Crowe

4. DATE OF DEATH (Month) Nov (Day) 16 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Sept. 24-1875 | 9. AGE last birthday: 78 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Randolph Co. Md | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Thompson

14. MOTHER'S MAIDEN NAME: Mary M. Bradbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: (Son) John Crowe, Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4917 Immediate cause (a) Bronchopneumonia — Interval between onset and death: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M. D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Nov 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov 19, 1953 | NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | LOCATION (City, town, or county) Lonaconing (State) Md

DATE REC'D BY LOCAL REG. 11-19-53 | REGISTRAR'S SIGNATURE Jannette M Boal | 24. FUNERAL DIRECTOR George Eichhorn | ADDRESS Lonaconing, Md.

DEC 7 . .
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10610

DR. GROVE

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural give location): 217 GLENN STREET

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) WILLIAM (Last) DAVIS

4. DATE OF DEATH: (Month) NOVEMBER (Day) 4, (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: AUGUST 18, 1944

9. AGE last birthday: 9 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM J. DAVIS

14. MOTHER'S MAIDEN NAME: ELSIE NORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Septicemia, endocarditis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Perforated appendix, peritonitis — DUE TO

(c)

Interval Between Onset And Death: (a) 2 days (b) 1 wk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-2-53

19b. MAJOR FINDINGS OF OPERATION: Perforated gangrenous appendix, peritonitis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1953, to 11-4, 1953, that I last saw the deceased alive on 11-4, 1953, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

SIGNATURE: J. E. Grove (Degree or title) MD — ADDRESS: Cumberland — DATE SIGNED: 11-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 7, 1953 — NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR: NOV. 7, 1953 — REGISTRAR'S SIGNATURE: Winter K. Trautz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer, Cumberland, Md. — ADDRESS

VS. A

53
BUREAU V.

DR. R. J. WILLIAMS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10311

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WESTERNPORT
STREET ADDRESS (If rural give location) 327 MARYLAND AVE.,

3. NAME OF DECEASED: (Type or Print) (First) FORACE (Middle) S. (Last) DAYTON
4. DATE OF DEATH: (Month) NOV. (Day) 30 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: FEB. 5, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Millwright W. Va. Pulp and Paper Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHARLIE DAYTON
14. MOTHER'S MAIDEN NAME: THOMASZEEN PIERCE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-09-8480
17. INFORMANT & ADDRESS: Mrs. Dephia Biddle, Westernport, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uremic Poisoning — Interval Between Onset And Death: 1 wk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Nephritis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20/53, 19 ..., to 11/30/53, 19 ..., that I last saw the deceased alive on 11/29/53, 19 ..., and that death occurred at 8:43 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. J. Williams MD. ADDRESS Med Bldg. Cumb Md. DATE SIGNED 12/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 3, 1953
NAME OF CEMETERY OR CREMATORY Philos Cem.
LOCATION (City, town, or county) Westernport, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR Dec. 1, 1953
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR E. S. Boal, " ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7
BUREAU V. S.

Withdrawn

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10612

CERTIFICATE OF DEATH

DR. JACOBSON

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND — LENGTH OF STAY (in this place) 1 DAY	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET ADDRESS (If rural give location) 27 WEMPE DRIVE

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) J. (Last) DECKER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 11, (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 19, 1882

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: Carman Railroad

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB DECKER

14. MOTHER'S MAIDEN NAME: MARY BAKER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: 705-05-8541

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured Aneurysm Abdominal Aorta — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dissecting aneurysm Coronary Artery disease ?

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1953, to 11/11, 1953, that I last saw the deceased alive on 11/11, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Jacobson Md — ADDRESS 50 Pershing St. — DATE SIGNED 11/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-16-53 — NAME OF CEMETERY OR CREMATORY St. Mary's Cem — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 15, 1953 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli — ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED

U V. S.

10613

Reg. Dist. No. 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 S.Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 112 S.Center St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W. (Last) Deffenbaugh
4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Feb. 27-1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired machinest
10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry.
11. BIRTHPLACE (State or foreign country): Allegany Co.Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver Deffenbaugh
14. MOTHER'S MAIDEN NAME: Nancy Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-09-9458
17. INFORMANT & ADDRESS: (daughter) Ina Deffenbaugh, Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary sclerosis — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov. 23-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 25, 1953
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. Nov. 24, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, MD
24. FUNERAL DIRECTOR John J. Hafer, " ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10314

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5A-5-53

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 142 Independence St.

3. NAME OF DECEASED: (First) Mary (Middle) Bridget (Last) Delaney

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 23-1870

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Seamstress-self

11. BIRTHPLACE (State or foreign country): Allegany Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luke Delaney

14. MOTHER'S MAIDEN NAME: Elizabeth Baxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Allegany Co. Infirmary records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Chronic myocardial degeneration — ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic nephritis — ?

DUE TO

(c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of left femur — 14 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY: home

21c. (City or town) Cumberland **(County)** Allegany **(State)** Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 8/53-1-A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Arose from bed, went to sit on a chair, missed chair & fell to the floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ M. D.

DATE SIGNED Nov. 21-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 23/53

NAME OF CEMETERY OR CREMATORY: St. Patricks Cemetery

LOCATION (City, town, or county) (State): Cumberland, Allegany, Md.

DATE REC'D BY LOCAL REG.: Nov 22, 1953

REGISTRAR'S SIGNATURE Winter K. Dent, M.D.

24. FUNERAL DIRECTOR William H. Kight **ADDRESS** Cumberland, Md.

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10615

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 0
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 871 Maryland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 0 2
STREET ADDRESS (If rural give location) 871 Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Hosea (Middle) Harris (Last) Dolan

4. DATE OF DEATH: (Month) November (Day) 15 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar.31,1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Ret. R.R. Carman
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.
11. BIRTHPLACE (State or foreign country): Twiggtown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew S. Dolan
14. MOTHER'S MAIDEN NAME: Casandra Hamilton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Oscar Dolan, Cumberland, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 X

Immediate cause (a) Bronchiogenic Carcinoma — Interval Between Onset And Death: 6 Mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1953, to Nov. 15, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE Arthur F. Jones (Degree or title) M.D. ADDRESS 63 Greene St. DATE SIGNED Nov. 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov.17,1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 145

ED

AU V. S.

Within corporate limits: DR. SCHINDLER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10316

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND
LENGTH OF STAY (in this place): 8 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND
STREET ADDRESS (If rural give location): 205 FAYETTE STREET.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): WILLIAM E. DORSEY

4. DATE OF DEATH: (Month) (Day) (Year): NOV. 14, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JULY 4, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Kind of work done during life, even if retired): Chief Dean Dispatcher RETIRED-W. MD.

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS J. DORSEY

14. MOTHER'S MAIDEN NAME: KATHARINE CRUISE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-10-6882

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 442 X (a) Cerebral Hemorrhage — Interval Between Onset And Death: 9 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive C.V. Disease — years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to November 14, 1953, that I last saw the deceased alive on Nov. 14, 1953 and that death occurred at 8:17 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): B. M. Schindler M.D. ADDRESS: 41 Greenwood Cumberland DATE SIGNED: Nov 14/1953

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF: Nov. 17, 1953

NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 16, 1953

REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles L. George, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. 115

[illegible]U V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Westernport
LENGTH OF STAY (In this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 Waverly ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 126 Waverly ST

3. NAME OF DECEASED: (Type or Print) (First) Lory (Middle) DAW (Last) DOVE

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	19 June 1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Crane Operator	Paper Mill	Mathais W. Va	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jeremiah Dove	Catherine Halterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW #1	217-05-0817	Franklin Walker, Piedmont, W. Va. Childs Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Chronic Myocarditis and Hypo-

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardial Degeneration Spondiad by Rheumatic	34 Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Rheumatic Fever	34 Years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Acute Hepatitis — 2 Days

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1926, to Nov. 6, 1953, that I last saw the deceased alive on Nov. 6, 1953, and that death occurred at 10:45 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Paul A Wilson	M.D.	Piedmont W. Va.	7 Nov 1953

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 9, 1953	Philos Cemetery	Westernport	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 8, 1953	Mrs Jean C. Kelly	E. S. Boal	Westernport, Md.

VS-ATD 8-51

RECEIVED

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1 1518 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly ■■ legibly.

A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 107 Hanover Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 107 Hanover Street

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) McClelland (Last) DuVall

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 13 1887

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Supt

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Leather Tannery

11. BIRTHPLACE (State or foreign country): Springfield, Hampshire Co W. Va.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: McClelland DuVall

14. MOTHER'S MAIDEN NAME: Annie Nixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Bessie DuVall, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to ..... 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1.30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jos N. Levy Jr. M.D. — ADDRESS 45 N. Centre St. — DATE SIGNED 11/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Nov 21 1953 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Nov 21, 1953 — REGISTRAR'S SIGNATURE Winter R. Beauty M.D.

24. FUNERAL DIRECTOR — ADDRESS William H. Kight, Cumberland, Md.

RECEIVED
NOV
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10619 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 309 Harrison Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Charles (Last) Fresh
4. DATE OF DEATH: (Month) November (Day) 25 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: Aug. 29, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Appell Transfer Co.
11. BIRTHPLACE (State or foreign country): Salisbury, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fresh
14. MOTHER'S MAIDEN NAME: Margaret Louise Hetrick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 298-01-7011
17. INFORMANT & ADDRESS: Leroy E. Fresh, Akron, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 451X (a) Dissecting Aneurysm of the Aorta with embarassment of Coronary and Pancreatic Circulation — Interval Between Onset And Death 14 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Nov, 1953, to 25 Nov, 1953, that I last saw the deceased alive on 24 Nov, 1953, and that death occurred at 2:35 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Aaville G. Weisman Jr. ADDRESS 54 Greene St Cumberland, Md DATE SIGNED 1/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 27, 1953 NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem. LOCATION (City, town, or county) (State) Near Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 27, 1953 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VII-1

1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9 — 10690

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 65 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 84 Broadway

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Alice (Last) Fuller

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct. 1st, 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Sherry

14. MOTHER'S MAIDEN NAME: Margaret Ann Binnix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Walter Deneen, Akron, Ohio

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331 X Immediate cause	(a) Cerebral Hemorrhage	36 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Rt Hemiplegia	
	DUE TO (c) Hypertension	Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1953, to Nov 8, 1953, that I last saw the deceased alive on Nov 7, 1953, and that death occurred at 5:10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm Lane MD — ADDRESS: Frostburg Md — DATE SIGNED: Nov 10 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 10, 1953 — NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park — LOCATION (City, town, or county): Frostburg, — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 11-11-53 — REGISTRAR'S SIGNATURE: Mrs. Nancy A. Roe

24. FUNERAL DIRECTOR: Joseph R. Durst, Frostburg, Md. — ADDRESS

VS: 15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10321

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Grove near Cumberland
STREET ADDRESS (If rural give location) Route 6, Cumberland, Md.

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) Day (Last) Gerbing

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Jan. 6, 1907

9. AGE last birthday: 46 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if Retired): Ass't Mgr. [redacted]

10b. KIND OF BUSINESS OR INDUSTRY: Joe's Motorist's Friend Store

11. BIRTHPLACE (State or foreign country): Memphis, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Gerbing

14. MOTHER'S MAIDEN NAME: Elizabeth Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-3130

17. INFORMANT & ADDRESS: Mrs. Audrey Gerbing. Rt.6, Cumberland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Acute myocardial Failure	1 hour
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Acute coronary Insufficiency	1 hour
	DUE TO (c) Coronary sclerosis + old Thrombosis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old Myocardial Infarction — 5 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? * See memorandum Nov 1950 *

22. I hereby certify that I attended the deceased from * Nov ..., 19 50, * to Nov 8, 19 53, that I last saw the deceased alive on Nov 8, 19 53, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Harold G Wiseman MD — Cumberland Maryland — 11/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 11, 1953 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 10, 1953 — REGISTRAR'S SIGNATURE Chester R. Hardy, M.D. — 24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Maryland

VS.

RECEIVED
NOV 1
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10622

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 8/10/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Cumberland, Narrows Park,
STREET ADDRESS (If rural give location) Narrows Park, ~~Rural~~ R.F.D. #6, Cumberland

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) S. (Last) Glisan
4. DATE OF DEATH: (Month) November (Day) 24, (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/16/1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Former Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland (Allegany Co.)
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Richard R. Bender
14. MOTHER'S MAIDEN NAME: Mary A. Gessner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Pulmonary Hypostasis — 72 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage, — 1 wk.

DUE TO

(c) General arteriosclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — ?

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1951, to Nov. 24, 1953 that I last saw the deceased alive on Nov. 24, 1953 and that death occurred at 6:20 p.m. from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. (Degree or title) ADDRESS 49 Greene St. DATE SIGNED 11-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 27, 53
NAME OF CEMETERY OR CREMATORY St Peter & Paul's Cem
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 25, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc
ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10623

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) -------

3. NAME OF DECEASED (Type or Print) (First) Ronald (Middle) Calvin (Last) GOODWIN

4. DATE OF DEATH (Month) NOV. (Day) 18 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11/17/53
9. AGE last birthday — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 23 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ronald Calvin Goodwin
14. MOTHER'S MAIDEN NAME June L Fazenbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Ronald Calvin Goodwin (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 23 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 11/17, 1953, to 11/18, 1953, that I last saw the deceased alive on 11/18, 1953 and that death occurred at 3:05 A.m., from the causes and on the date stated above.

SIGNATURE Martin Bothstein (Degree or title) M.D. ADDRESS 48 Broadway Frostburg, Md. DATE SIGNED 11/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 18, 1953
NAME OF CEMETERY OR CREMATORY Goodwin Cemetery
LOCATION (City, town, or county) Lonaconing, Md. (State)

DATE REC'D BY LOCAL REG. 11-18-53
REGISTRAR'S SIGNATURE Mrs Nancy H. Roe
24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md. ADDRESS

20 X 3191405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-A15

RECEIVED
1953
BUREAU V. S.

Film#G159 Item# 7 11/30/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10524

CERTIFICATE OF DEATH

Reg. Dist. No. 6

P . Berry

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke

LENGTH OF STAY (in this place): 60 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairview St

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke

STREET ADDRESS (If rural, give location) Fairview Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
WILLIAM	THOMAS	GORMLEY	15 Nov 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	single		61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Town of Luke	Miamisburg Ohio	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Gormley	Mary Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No - - -		Mrs Mary McGreevy, Luke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
1. Immediate cause	(a) Carcinoma of Stomach	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Nov. 15 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE P. E. Berry (DEGREE OR TITLE) M.D. ADDRESS Piedmont W.Va. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	18 Nov 53	St Perters Cemetery	Westernport, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 18, 1953	Mrs Jean C. Kelly	C. S. Boal,	Westernport, Maryland

A15 7-51

RECEIVED
NOV. 23 1953
BUREAU V. S.

10625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 78 Hill Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Robin (Last) Green
4. DATE OF DEATH (Month) Nov, (Day) 21. (Year) 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Child
8. DATE OF BIRTH Nov, 13.1953
9. AGE last birthday yrs. If under 1 year Months 8 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Curtis Green
14. MOTHER'S MAIDEN NAME Patricia Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Curtis Green (Father

18. MEDICAL CERTIFICATION Frostburg, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5

Immediate cause (a) Atelectasis - left lung — 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Birth - 6½ mos. — 8 days

(c) Placenta Previa & Placenta Abruptio — 8 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION NONE
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1953, to 11/21, 1953, that I last saw the deceased alive on 11/21, 1953 and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE Martin Rothstein M.D. (Degree or title) ADDRESS 48 Broadway - Frostburg, Md. DATE SIGNED 11/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov, 21. 1953
NAME OF CEMETERY OR CREMATORY Frostburg Memorial
LOCATION (City, town, or county) (State) Park. Frostburg, Md.

DATE REC'D BY LOCAL REG. 11-24-53
REGISTRAR'S SIGNATURE Mr. Nancy H. Roe
24. FUNERAL DIRECTOR George Eichhorn, ADDRESS Lonaconing, Md.

2' X 32243.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

NOV
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10626

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 426 Columbia St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 426 Columbia St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ann (Last) Grimm

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10/3/1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cumberland Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Weisenmiller
14. MOTHER'S MAIDEN NAME: Mary Martz

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Ann Weisenmiller - Cumberland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 1 year

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953 to Nov 4, 1953, that I last saw the deceased alive on Nov 3, 1953, and that death occurred at 4 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. W. Trevaskis, Dr. M.D. ADDRESS Cumberland, Md DATE SIGNED Nov 5-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 6, 1953
NAME OF CEMETERY OR CREMATORY St. Peter & Paul
LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumb. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10527

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 3-4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 2 Ormond St.

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) PEARL (Last) HANSON

4. DATE OF DEATH: (Month) Nov. (Day) 18, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 3-16-1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Biddington

14. MOTHER'S MAIDEN NAME: Mary E. Robb

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Harry Hanson, Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Cerebral Hemorrhage — Interval Between Onset And Death: 5 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Dis. — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18 ..., 1953, to 11/18 ..., 1953, that I last saw the deceased alive on 11/18 ..., 1953, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Davis M.D. ADDRESS Frostburg Md. DATE SIGNED 11/20/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-21-1953 NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park LOCATION (City, town, or county) Frostburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-21-53 REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

VS. [illegible]

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1[illegible]24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Cumberland Rural

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 3, Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland Rural

STREET ADDRESS (If rural, give location): Route 3, Valley Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Grace	Olive	Hardman	November	24	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	March 11 1889	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Cumberland, Md Route 3.	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David Brotemarkle	Lillie McElfish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Raymond Hardman Route 3, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion	30 mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Myocardial degeneration & coronary	
	DUE TO (c) arteriosclerosis	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953 to Nov 24, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
George M. Brown M.D.	Cumberland Md	11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 27 1953	Mt. Pleasant Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 25, 1953	Winter K Brady, MD	William H. Kight	Cumberland, Md.

8-51

RECEIVED
OCT 1 1 53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10529

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 140 E. Main St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 140 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) DUD (Last) HOCKING

4. DATE OF DEATH: (Month) Nov. (Day) 5, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 11-29-1860

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker

10b. KIND OF BUSINESS OR INDUSTRY: Fidelity Savings Bank

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Hocking

14. MOTHER'S MAIDEN NAME: Sarah Wareham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-07-7416

17. INFORMANT & ADDRESS: William Yates, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) DUE TO Acute Myocardial Insufficiency — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO arterio sclerosis — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1953, to Nov 5, 1953, that I last saw the deceased alive on Nov 5, 1953, and that death occurred at 11:25 P, from the causes and on the date stated above.

SIGNATURE W. O. McLane MD (Degree or title) ADDRESS Frostburg Md DATE SIGNED Nov 6 1953

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial DATE THEREOF 11-8-53 NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 11-7-53 REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-416

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 10830

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland (
LENGTH OF STAY (in this place): 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 11 N. Waverly Terrace

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Hook

4. DATE OF DEATH (Month) Nov. (Day) 9 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	single	Jan. 3-1869	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Own Housework		Mt. Savage, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Hook	Bridget Brisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	none	(niece) Mrs. John Carroll, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

903.0
Immediate cause (a) Exhaustion & senility also had — about 10 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Uremia
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Comminuted intratronchanteric fracture of left femur. — 6 weeks

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
Oct. 9-1953	Fracture of left femur, set.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Cumberland Allegany Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
Oct. 2/53-7 A.M.		Unable to state, just fell to the floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H. V. Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED: Nov. 12-1953

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 12/53	St. Patrick's Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 12, 1953	Walter R. Frank, M.D.	Wm. H. Keight, Cumberland, Md.	

VS. [illegible]

NOV 17 1...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10631 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ...ge is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
MARYLAND
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegay
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural give location) East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Peel (Last) Izat

4. DATE OF DEATH: (Month) Nov, (Day) 7. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug, 11. 1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Filtration,

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Izat

14. MOTHER'S MAIDEN NAME: Jane Peel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-07-5325

17. INFORMANT & ADDRESS: Mrs. John Lechner (Sister)

18. MEDICAL CERTIFICATION Lonaconing, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 6 months
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 53, to Nov, 19 53, that I last saw the deceased alive on Nov, 19 53, and that death occurred at 8.30 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov, 11. 1953

NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 16, 1953

REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md.

ADDRESS

VS. 415

NOV 17 1.
BUREAU V. S

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10632

CERTIFICATE OF DEATH

DR. SIMONS

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. SAVAGE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) Howard James (Last) JENKINS

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER 24, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 14, 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY: EILER CHEVROLET GARAGE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES C. JENKINS
14. MOTHER'S MAIDEN NAME: ELLEN ORNDORFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. II
16. SOCIAL SECURITY No.: 212-18-1380
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration c̄ cardiac decompensation — Interval Between Onset And Death 4 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cirrhosis liver — 18 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1953, to 11/24, 1953, that I last saw the deceased alive on 11/24, 1953, and that death occurred at 10:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Georg M Simons Cumberland Md 11/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 27, 1953
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) (State) Mt Savage, Maryland
DATE REC'D BY LOCAL REGISTRAR Nov. 25, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR J. Durst, Frostburg, Maryland
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 1

BUREAU V. S.

Write in ... DR. W.F.WMS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10633

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
   COUNTY: ALLEGANY — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   LENGTH OF STAY (in this place): 28 DAYS
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND — COUNTY: ALLEGANY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
   STREET ADDRESS (If rural give location): 528 MARYLAND AVE

3. NAME OF DECEASED (Type or Print): (First) FREELAND (Middle) (Last) KERNS

4. DATE OF DEATH: (Month) NOV. (Day) 21 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JUNE 18, 1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Tin Plate Mill

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: AUGUSTA KERNS

14. MOTHER'S MAIDEN NAME: JANE MC MAKIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT'S ADDRESS: Mrs. Ella Kerns - Cumberland, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 442X — (a) Hypertensive Cardio — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Vascular Renal Disease — DUE TO
(c)

Interval Between Onset And Death: Several years.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1953, to 11-2, 1953., that I last saw the deceased alive on 11-2, 1953 and that death occurred at 10:35 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): M.F. Williams M.D. — ADDRESS: Cumberland — DATE SIGNED: 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-24-53 — NAME OF CEMETERY OR CREMATORY: Bethel Cem. — LOCATION (City, town, or county) (State): Near Centerville Pa.

DATE REC'D BY LOCAL REGISTRAR: Nov. 24, 1953 — REGISTRAR'S SIGNATURE: Wesley L. Frantz M.D.

24. FUNERAL DIRECTOR: Charles L. George - Cumberland, Md — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10034

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 141 Centre St.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Elizabeth (Last) Kreutzburg
4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 17-1866
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Eckhart Mines Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lemmert
14. MOTHER'S MAIDEN NAME: Anna M. Brandau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Earl Kreutzburg, Frostburg Md, 141 Centre St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Failure — Interval Between Onset And Death: 1 Day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — "

DUE TO

(c) Acute Cystitis — 4 Day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1953, to Nov 16, 1953, that I last saw the deceased alive on Nov 15, 1953 and that death occurred at 3:00 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. O. McLane M.D. ADDRESS Frostburg Md DATE SIGNED Nov 16 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-18-1953
NAME OF CEMETERY OR CREMATORY Eckhart Cemetery
LOCATION (City, town, or county) Eckhart (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-18-53
REGISTRAR'S SIGNATURE Mrs Nancy H. Roe
24. FUNERAL DIRECTOR Jacob Hafer, ADDRESS Frostburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DR. VAN ORMER

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CUMBERLAND
LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: WEST VIRGINIA — COUNTY: Mineral
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): KEYSER, Rural
STREET ADDRESS (If rural give location): RT. #2, BOX 230

3. NAME OF DECEASED (Type or Print): (First) LYDIA (Middle) C (Last) KUYKENDALL

4. DATE OF DEATH: (Month) NOV. (Day) 27 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 1, 1883

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN FLEEK

14. MOTHER'S MAIDEN NAME: ESTELINE RINEHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Gastric Hemorrhage — Interval Between Onset And Death: 7 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Gastric ulcer (Benign) — ?
DUE TO
(c)

540.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1953, to Nov. 27, 1953, that I last saw the deceased alive on Nov. 27, 1953, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE: W. A. Van Ormer — (Degree or title): M.D. — ADDRESS: Cumberland, Md. — DATE SIGNED: Nov. 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 29 1953 — NAME OF CEMETERY OR CREMATORY: Greenwell Cemetery — LOCATION (City, town, or county) (State): Near Keyser, W.Va.

DATE REC'D BY LOCAL REGISTRAR: Nov. 27, 1953 — REGISTRAR'S SIGNATURE: Walter K. Mark, M.D. — 24. FUNERAL DIRECTOR: J. A. Markwood Sons — ADDRESS: Keyser, W.Va.

BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10035 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 0 2
LENGTH OF STAY (in this place) 60 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 631. Lincoln Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Branson (Last) Lease
4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 9 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Western Md Railroad
11. BIRTHPLACE (State or foreign country): Cresaptown, Allegany Co Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob Lease
14. MOTHER'S MAIDEN NAME: Margaret Huff
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-8559
17. INFORMANT & ADDRESS: Edwin Lease, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
Immediate cause (a) Cancer of Stomach
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to brain 1 month

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953 to Nov 16, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 1:20 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert Sinaskee, M.D. ADDRESS Cumberland Maryland DATE SIGNED 11/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 19 1953
NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park
LOCATION (City, town, or county) Cumberland Md. (State)
DATE REC'D BY LOCAL REGISTRAR Nov. 19, 1953
REGISTRAR'S SIGNATURE Hunter R Trantz, M.D.
24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Within corporate limits

Film #G160 Item 12 12/8/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10636

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 1Mo.7Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Midland X
STREET ADDRESS (If rural give location) Paradise Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) B (Last) McKinlay
4. DATE OF DEATH: (Month) Nov, (Day) 22 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec, 26 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (State or foreign country): Scotland 5
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George McKinlay
14. MOTHER'S MAIDEN NAME: Mary Beverage
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Wilson Ravenscroft (Daughter) Midland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X
Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death 1 week
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Silicosis — 15-20 years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to 22 Nov, 1953, that I last saw the deceased alive on 22 Nov, 1953, and that death occurred at 945 pm from the causes and on the date stated above.
SIGNATURE George J. Richards Jr. (Degree or title) MD. ADDRESS Lonaconing, Md DATE SIGNED 11-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov, 25, 1953
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) (State) Lonaconing, Md.
DATE REC'D BY LOCAL REGISTRAR Nov 24, 1953
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. 215

BUREAU V. S.

W? ion corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10637

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS I4I4 River Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural give location) I4I4 River Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) F. (Last) Mencer

4. DATE OF DEATH: (Month) II- (Day) 20- (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. I3, I883

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired track labor

10b. KIND OF BUSINESS OR INDUSTRY: railroad

11. BIRTHPLACE (State or foreign country): Magnolia, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Mencer

14. MOTHER'S MAIDEN NAME: Ida Flora

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705-I0-57I8

17. INFORMANT & ADDRESS: Elsie A. Mencer I4I4 River Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular

DUE TO (b) disease & myocardial

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) failure

Interval Between Onset And Death: 14 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/28/53 19..., to 11/20/53 19..., that I last saw the deceased alive on 11/20/53 19..., and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

11/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: II-23-53

NAME OF CEMETERY OR CREMATORY: Miller Cem. near

LOCATION (City, town, or county) (State): Piccardy, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 23, 1953

REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli

ADDRESS: Cumberland, Md.

VS. 415

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10638

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 Wood St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 123 Wood Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) F. (Last) Miller

4. DATE OF DEATH: (Month) Nov. (Day) 3rd, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 14th, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Schneider
14. MOTHER'S MAIDEN NAME: Anna L. Eichorn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Russell Lancaster, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 1514 (a) Inanition — Interval Between Onset And Death: 1 mon

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinomatosis — 1 yr ?

DUE TO

(c) Primary site - stomach?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Generalized

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) F. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9, 1953, to 10/31, 1953, that I last saw the deceased alive on 10/31, 1953, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE John C Devers (Degree or title) MD ADDRESS 134 E Main St DATE SIGNED 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 6, 1953
NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park
LOCATION (City, town, or county) Frostburg, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-7-53
REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR Joseph R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 5

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cumberland

LENGTH OF STAY (in this place) 20 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS In auto, in Fire Station at Celanese Corp. of Am.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 920 Kent Ave.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) John (Last) Mortzfeldt

4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 19 53

5. SEX: male **6. COLOR OR RACE:** white **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): married **8. DATE OF BIRTH:** Oct. 27-1898 **9. AGE last birthday:** 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Policeman at the Celanese Corp. of Am. **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): Cumberland, Md. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Earnest Mortzfeldt **14. MOTHER'S MAIDEN NAME:** Elizabeth Reusky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.1 **16. SOCIAL SECURITY No.:** 217-10-4664 **17. INFORMANT & ADDRESS:** (wife) Mrs. A. Mortzfeldt, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	sudden
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary sclerosis	?
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Nov. 28-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF Nov. 30 1953 NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery LOCATION (City, town, or county) Cumberland, Maryland (State)

DATE REC'D BY LOCAL REG. Nov. 30, 1953 REGISTRAR'S SIGNATURE M. H. Vaunster **24. FUNERAL DIRECTOR** John J. Hafer ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. -5-53

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V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10340

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 417 Springdale Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 417 Springdale Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Dallas (Last) Nixon

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 22, 1894

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Boiler Maker

10b. KIND OF BUSINESS OR INDUSTRY: B&O Railroad

11. BIRTHPLACE (State or foreign country): Levels, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George M. Nixon

14. MOTHER'S MAIDEN NAME: Ella R. Arnold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-5309

17. INFORMANT & ADDRESS: Robert S. Nixon, Greenspring, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial Infarction DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 7 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1953, to 1 Nov, 1953, that I last saw the deceased alive on 29 Oct, 1953, and that death occurred at 7 30 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Steven Ralph Roth, M.D. ADDRESS 202 Va. Ave. Cumberland Md DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF November 3 1953

NAME OF CEMETERY OR CREMATORY Forest Glen Cemetery

LOCATION (City, town, or county) (State) Greenspring, West Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 3, 1953

REGISTRAR'S SIGNATURE Walter R. Stanley M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Maryland

VS. 315

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10641

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 J Ormand St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 200 Ormand St.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) M. (Last) Coder

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 7-7-1870 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Hartinstone, Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: David Baker | 14. MOTHER'S MAIDEN NAME: Elizabeth Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs Andrew Segal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardio — —

DUE TO

(c) Vascular disease — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1950, to 11-20, 1953, that I last saw the deceased alive on 11-20, 1953, and that death occurred at 8 a. m; from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. Diehl, M.D. — ADDRESS Frostburg, Md. — DATE SIGNED 11/20/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-23-1953 — NAME OF CEMETERY OR CREMATORY Frostburg Memorial — LOCATION (City, town, or county) Frostburg — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-21-53 — REGISTRAR'S SIGNATURE Mrs Stanley N. Rice

24. FUNERAL DIRECTOR Jacob Hafer — ADDRESS Frostburg, Md.

VS.-A15

BUREAU V. S

10642
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Spring Gap. — LENGTH OF STAY (in this place) 17 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS c/o Millers Orchard

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN rural) Spring Gap.

STREET ADDRESS (If rural, give location) c/o Millers Orchard

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Samuel	Jackson	Parks	Nov. 15 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	Dec. 13-1880	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Orchard Worker	Miller Orchards	Hardy Co. W.Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ashford Parks	Mary Catherine Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	216-14-1897	Wife) Anna Elizabeth Parks, Spring Gap Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a)	Coronary occlusion	about 2 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary sclerosis	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED Nov. 16-1953

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11-18-53	ASBURY-Cem.	Near Moorefield, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 17, 1953.	Mrs Fay Duckworth mm	JAMES F. Scarpelli	Cumberland, Md.

VS. A15A-5-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Berry

CERTIFICATE OF DEATH

Reg. Dist. No. 16,14

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Hammond St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport, Md.
STREET ADDRESS (If rural, give location) 301 Hammond St.

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) Josephine (Last) Patrick
4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 28 July 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Piano Instructor
11. BIRTHPLACE (State or foreign country): Westernport, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Anderson Patrick
14. MOTHER'S MAIDEN NAME: Jessie Grayson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Julian Patrick 310 Maryland Ave Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 154x (a) Carcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Nov. 6, 1953, that I last saw the deceased alive on Nov. 6, 1953, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE P E Berry (DEGREE OR TITLE) M. D. ADDRESS Piedmont W. Va. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov 8, 1953
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Westernport, Md.
DATE REC'D BY LOCAL REG. Nov 8, 1953
REGISTRAR'S SIGNATURE Mrs Jean C. Kelly
24. FUNERAL DIRECTOR E. S. Beal ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

A15 8-51

RECEIVED
NOV 10 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10643

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: ~~511 Eichner Avenue~~ ~~Cumberland~~ Allegany COUNTY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md. LENGTH OF STAY (in this place) 10 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 Eichner Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: Grantsville Garrett, ~~Maryland~~ STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) Lewis (Last) Patton

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 20, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Operator

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mining

11. BIRTHPLACE (State or foreign country): Grantsville Garrett County, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry A. Patton

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Fuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-8552

17. INFORMANT & ADDRESS: Mrs. Norman Patton Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 151X

Immediate cause (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of Stomach

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0 —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Nov., 1953, that I last saw the deceased alive on 13 Nov., 1953, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James G. Stegmaier, M.D. ADDRESS Cumberland Md DATE SIGNED 16 Nov. 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Nov. 17, 1953 NAME OF CEMETERY OR CREMATORY Grantsville Cemetery LOCATION (City, town, or county) (State) Grantsville, Md.

DATE REC'D BY LOCAL REG. Nov. 16, 1953 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. 24. FUNERAL DIRECTOR Wm Winterberg Grantsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

RECEIVED

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10645

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 69 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 Decatur St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 509 Decatur St.

3. NAME OF DECEASED: (First) Raymond (Middle) Lee (Last) Poole
4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	Sept 15-1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Elevator operator: Clark Keating Bldg
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thornton Poole
14. MOTHER'S MAIDEN NAME: Ella Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-8763
17. INFORMANT & ADDRESS: wife) Mrs. R. T Poole, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of the pharynx	about 2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of the Larynx	about 15 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
about 1938	Laryngectomy- cancer of the larynx.	Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D.
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov. 16-1953

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 18, 1953	Rose Hill Cemetery	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 17, 1953	Walter K. Rantz, M.D.	Louis Stein, Inc.	"

VS. A15A - 5 - 53

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-115

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10546

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Allegany MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland,

LENGTH OF STAY (in this place) 6 wks.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 430 N. Mechanic St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vale Summit,

STREET ADDRESS (If rural give location) Along State Rt. 55

3. NAME OF DECEASED: (Type or Print) (First) MICHAEL (Middle) JOSEPH (Last) PRYLE

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: April 13, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal industry

11. BIRTHPLACE (State or foreign country): Vale Summit, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Pryle

14. MOTHER'S MAIDEN NAME: Catherine Dougherty

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No, (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. William Often 430 N. Mechanic St., Cumb.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) Myocardial failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Visceral failure

DUE TO

(c) advanced age

Interval Between Onset And Death 6 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1953, to Nov. 13, 1953, that I last saw the deceased alive on Nov. 13, 1953, and that death occurred at 8:20 P.M. from the causes and on the date stated above.

SIGNATURE J. L. Hallinan MD (Degree or title) Zoo Decatur St ADDRESS Cumberland Md DATE SIGNED 11-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/16/53

NAME OF CEMETERY OR CREMATORY St. Michaels Cem.

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 15, 1953

REGISTRAR'S SIGNATURE Winter R. Hantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10647

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 629 Elm St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 629 Elm St.

3. NAME OF DECEASED: (Type or Print) (First) Mary T. (Middle) Raygor (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 19 II-10-53

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 3, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Doe Gully, W.Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilson W. Ziler
14. MOTHER'S MAIDEN NAME: Elizabeth Cosgrove

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-22-3343
17. INFORMANT & ADDRESS: Charles W. Raygor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon with metastasis — Interval Between Onset And Death 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

152x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 month ago
19b. MAJOR FINDINGS OF OPERATION: Adenoma Carcinoma of Colon
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 51 to 11-10, 1953, that I last saw the deceased alive on 11-9, 1953 and that death occurred at 13 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Jos. T. Johnson Jr. M.D. ADDRESS Cumberland Md DATE SIGNED 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF II-13-53
NAME OF CEMETERY OR CREMATORY St. Mary's Cem
LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 11, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 17
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10648

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 5/10/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 324 Emily Street

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) R. (Last) Reid

4. DATE OF DEATH: (Month) November (Day) 27, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 3/17/1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Patrick Farrell
14. MOTHER'S MAIDEN NAME: Teresa Dugan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Chronic Myocarditis — Interval Between Onset And Death ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic nephritis ?

DUE TO

(c) Cerebral Arteriosclerosis ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Deterioration ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1953, to Nov. 26, 1953, that I last saw the deceased alive on Nov. 26 1953 and that death occurred at 10.05 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) James B. Whan M.D. ADDRESS 48 Green St. DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 30 1953
NAME OF CEMETERY OR CREMATORY St. Patrick's Cem.
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc.
ADDRESS Cumb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-15

RECEIVED
DEC 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 415 Beall St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland 0
STREET ADDRESS (If rural give location): 415 Beall St.

3. NAME OF DECEASED: (First) Theresa (Middle) E (Last) Rider
4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 26 1882
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Miltenberger
14. MOTHER'S MAIDEN NAME: Dorothy Teffelman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service):
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Edna Close

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

15 X
Immediate cause (a) Carcinoma of the Stomach — 11 mths.
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: December 52
19b. MAJOR FINDINGS OF OPERATION: carcinoma of Stomach, Inoperable
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3 ..., 19 52 to 11/15 ..., 19 53 that I last saw the deceased alive on 12/13 ., 19 53 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth Brown, M.D.
ADDRESS: 55 Greene St.
DATE SIGNED: 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 18, 1953
NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem.
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 17, 1953
REGISTRAR'S SIGNATURE: Walter R. Fantz, M.D.
24. FUNERAL DIRECTOR: Charles L. George
ADDRESS: Cumberland, Md.

VS. A15

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1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10650

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flintstone
MARYLAND
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural near Flintstone

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flintstone
STREET ADDRESS (If rural give location) [redacted] Flintstone

3. NAME OF DECEASED: (Type or Print) (First) Amanda (Middle) Belle (Last) Robinette

4. DATE OF DEATH: (Month) November (Day) 18 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept. 3, 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Warrior Mountain, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ashford Willison

14. MOTHER'S MAIDEN NAME: Harriet Newell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Edgar Barrett, Flintstone, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) DUE TO Generalized arteriosclerosis — Interval Between Onset And Death: Two years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: D

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 ..., 19 51, to Nov. 18, 19 53, that I last saw the deceased alive on 11-17, 19 53 and that death occurred at ... P.M. from the causes and on the date stated above.

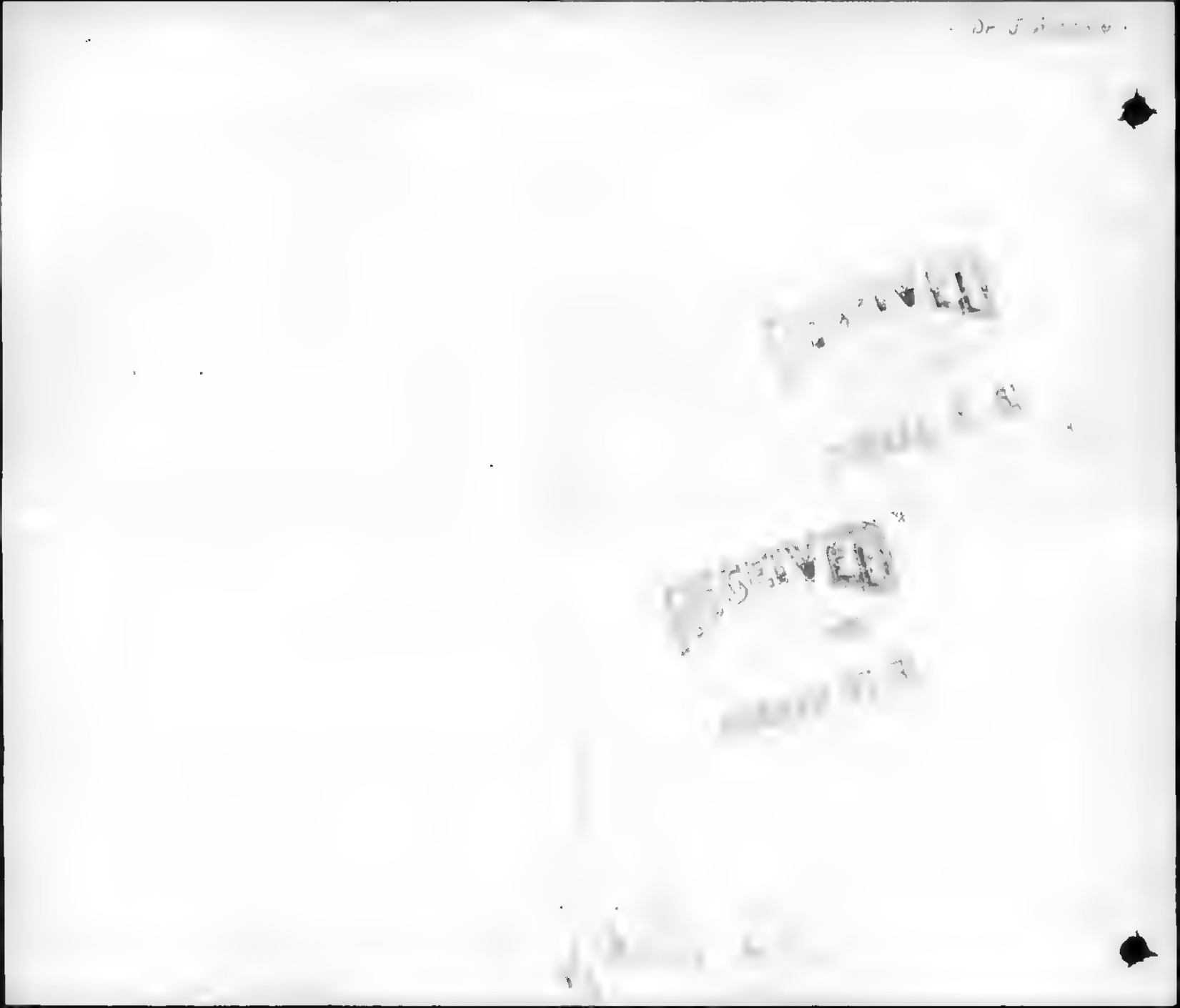
SIGNATURE (Degree or title) J. V. Johnson M.D. ADDRESS Cumberland Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 21, 1953 — NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery — LOCATION (City, town, or county) (State) Flintstone, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-23-53 — REGISTRAR'S SIGNATURE Nina Bender

24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland, Maryland

VS. 16



Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10651

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sylvan Retreat [redacted]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Md.
STREET ADDRESS (If rural, give location) 518 Avondale Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Thomas R. Rowley

4. DATE OF DEATH: (Month) (Day) (Year) II-26- 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 12, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Foreman

10b. KIND OF BUSINESS OR INDUSTRY: City Construction (Bld)

11. BIRTHPLACE (State or foreign country): Cumberland Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Rowley

14. MOTHER'S MAIDEN NAME: Jane Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Loretta M Mc Donald 518 Avondale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
422.1 Immediate cause	(a)	Pulmonary Hypostasis	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic Myocarditis	?
	DUE TO (c)	General Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13 1953, to Nov. 26, 1953, that I last saw the deceased alive on Nov. 26, 1953 and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. (DEGREE OR TITLE) ADDRESS 49 Greene St. DATE SIGNED 11-27-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF II-30-53
NAME OF CEMETERY OR CREMATORY St. Patrick Cem.
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Nov. 30, 1953
REGISTRAR'S SIGNATURE Hunter R. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli Cumberland, Md ADDRESS

VS, A15 S-51

1

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DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10652

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Cromer Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westernport,
STREET ADDRESS (If rural, give location) 101 Cromer Street

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) Schell

4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Miner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Schell

14. MOTHER'S MAIDEN NAME: Fredericka Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs David Price, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerosis, generalized — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. V. Deming M.D. — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 29 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12-1-53 — NAME OF CEMETERY OR CREMATORY Pleasant Cemetery — LOCATION (City, town, or county) (State) Westernport Md.

DATE REC'D BY LOCAL REG. Dec 1-1953 — REGISTRAR'S SIGNATURE Mrs. Jean C. Kelly

24. FUNERAL DIRECTOR E. D. Cook — ADDRESS Westernport, Md.

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DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 20353

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 403 Maryland Avenue

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Steele (Last) Shaffer
4. DATE OF DEATH: (Month) November (Day) 18 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: March 15, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Railroad Clerk
10b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad
11. BIRTHPLACE (State or foreign country): Grafton, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Shaffer
14. MOTHER'S MAIDEN NAME: Margaret Beamer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-05-4420
17. INFORMANT & ADDRESS: Mrs. Brooks Cottrill, Crown Point, Ind.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) Uraemia — Interval Between Onset And Death: 2 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Chronic Myocarditis — 6 mos.
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 19 53, to Nov. 18, 19 53, that I last saw the deceased alive on Nov. 18, 19 53, and that death occurred at 10:45 P.m., from the causes and on the date stated above.
SIGNATURE Clay R. Jarrett (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 21, 1953
NAME OF CEMETERY OR CREMATORY Bluemont Cemetery
LOCATION (City, town, or county) (State) Grafton, West Virginia
DATE REC'D BY LOCAL REGISTRAR Nov. 20, 1953
REGISTRAR'S SIGNATURE Walter K. Faulk, M.D.
24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Maryland

VS. 415

RECEIVED
1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16654

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland,
LENGTH OF STAY (in this place): 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland
STREET ADDRESS (If rural give location): 714 Lafayette Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) C. (Last) Shields

4. DATE OF DEATH: (Month) Nov. (Day) 6, (Year) 19 53

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 11, 1884

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Laboror

10b. KIND OF BUSINESS OR INDUSTRY: City Water Dept.

11. BIRTHPLACE (State or foreign country): Little Orleans, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD SHIELDS

14. MOTHER'S MAIDEN NAME: SUSAN ALBRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9/53 to 11/6/53, that I last saw the deceased alive on 11/6/53 and that death occurred at ... from the causes and on the date stated above.

SIGNATURE: W. Mallamo, M.D. (Degree or title) — ADDRESS: Cumberland, Md. — DATE SIGNED: 11/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-10-1953 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cem. — LOCATION (City, town, or county): Cumberland, Md. — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 9, 1953 — REGISTRAR'S SIGNATURE: Wintes K. Lantz, MD

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

VS-16

NOV 17 19
BUREAU V.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10055

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 41 Race Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 41 Race Street

3. NAME OF DECEASED: (Type or Print) (First) Justus (Middle) Weller (Last) Shumaker
4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 10, 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired bricklayer-contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hyndman, Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Shumaker
14. MOTHER'S MAIDEN NAME: Sarah -Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Gladys Shumaker, Cumberland- Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194X

Immediate cause (a) Carcinoma of thyroid with

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) metastasis to neck

DUE TO

(c)

Interval Between Onset And Death: 4 mos.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Nov 14, 1953, that I last saw the deceased alive on Nov 12, 1953, and that death occurred at 12 30/Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Olivia Ralph Roth M.D. ADDRESS 202 Va. Ave., Cumberland, Md. DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 11-17-53
NAME OF CEMETERY OR CREMATORY Mt. Lebanon
LOCATION (City, town, or county) (State) Glencoe, Pa.
DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1953
REGISTRAR'S SIGNATURE Winter R. Franks M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, ADDRESS Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10656

CERTIFICATE OF DEATH

Reg. Dist. No. 4

DA Zimmerman

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 19 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Cumberland
STREET ADDRESS (If rural give location) Cumberland Rt. #3

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) MARTIN (Last) SIMONS

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: November 3, '90
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Utility Man
10b. KIND OF BUSINESS OR INDUSTRY: C&A Gas Co.
11. BIRTHPLACE (State or foreign country): Near Koon Dam, Penna.
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Webster Simons
14. MOTHER'S MAIDEN NAME? Mary Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-7687
17. INFORMANT & ADDRESS: Mrs. Earl M. Simons Rt.3 Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Cardiac Insufficiency — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinomatosis — 3 wks.

DUE TO

(c) Carcinoma of prostate gland — 2 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3 Oct. 30, 1953
19b. MAJOR FINDINGS OF OPERATION: Biopsy of prostate gland
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1953 to Nov. 3, 1953, that I last saw the deceased alive on Nov. 3 1953 and that death occurred at 7:40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) O. C. Zimmerman M.D. ADDRESS 105 S. Centre St. DATE SIGNED Nov. 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 5, 1953
NAME OF CEMETERY OR CREMATORY Zion Memorial Park
LOCATION (City, town, or county) (State) Near Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 5, 1953
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md. ADDRESS

11 3 53 7 40 m E&F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10657

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gilmore
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Midland, Md. Box 157

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gilmore
STREET ADDRESS (If rural give location) Midland, Md Box 157

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) H. (Last) Simpson

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-11-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: C. Cutmeran
10b. KIND OF BUSINESS OR INDUSTRY: Tire Co.
11. BIRTHPLACE (State or foreign country): Rawlings Station, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: James R. Simpson
14. MOTHER'S MAIDEN NAME: Johanna Hanson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-01-6245
17. INFORMANT & ADDRESS: Box 157, Midland, Md Albert L. Simpson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause 331X	(a) DUE TO	Cerebral Hemorrhage	4 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Cerebral Arteriosclerosis	2-3 yrs.
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1953, to 26 Nov, 1953, that I last saw the deceased alive on 26 Nov, 1953, and that death occurred at 6 30 A.M., from the causes and on the date stated above.

SIGNATURE George Richardson (Degree or title) MD ADDRESS Lonaconing DATE SIGNED 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 29-53
NAME OF CEMETERY OR CREMATORY Green Mount Cem.
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-29-53
REGISTRAR'S SIGNATURE Jeannette M. Bool
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1115

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 358

No. 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on arrival at the Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: C.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Prince Fredrick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Gilbert (Last) Smith

4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec 19-1900
9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Toll Bridge Collector
10b. KIND OF BUSINESS OR INDUSTRY: State employed
11. BIRTHPLACE (State or foreign country): (rural) Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Smith
14. MOTHER'S MAIDEN NAME: Eva Humbertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) W/W-1
16. SOCIAL SECURITY No.: 220-10-4345
17. INFORMANT & ADDRESS: (Wife) Mrs. C. G. Smith, Prince Fredrick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: about 10 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary sclerosis (Angina P. syndrome. — 6 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H. V. Deming M.D. H. V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED: Nov. 22-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/25/53
NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cem.
LOCATION (City, town, or county) (State): Near Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 24, 1953
REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS: H. Wayne George Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-5A-5-53

[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10559

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital, Decatur Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Rural
STREET ADDRESS (If rural give location) Christie Road, R.F.D. #4

3. NAME OF DECEASED: (First) Peter (Middle) Bender (Last) Smouse
4. DATE OF DEATH: (Month) Nov. (Day) 28, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	June 14, 1869	84 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Truck Farming	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Smouse	Elizabeth Neff

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mrs. Thomas J. Votring-Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 560.0 Incarcerated Right Inguinal Hernia with gangrene of bowel — 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-26-53	Incarcerated Inguinal Hernia with gangrene of bowel	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-23, 1953 to 11-28, 1953 that I last saw the deceased alive on 11-28, 1953 and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. J. Johnson	M.D.	Cumberland, Md	11-30-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 1 '53	Hillcrest	Cumberland, Md.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 1, 1953	Walter R. Dantz, M.D.	H. Lee Silcox	Cumberland, Md.

RECEIVED
DEC 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9 — 10660

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 19 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Henderson (Last) Snyder

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-11-1893

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: City Hall

11. BIRTHPLACE (State or foreign country): Eckhart Mines, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Aaron Snyder

14. MOTHER'S MAIDEN NAME: Laura May Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-10-5223

17. INFORMANT & ADDRESS: Mrs. Harry Snyder 19 E. Main Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Heart dis — Interval Between Onset And Death: ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/19, 1953, to 11/19, 1953, that I last saw the deceased alive on 11/19, 1953, and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John C Reves M D — ADDRESS 134 E Main Frostburg Md — DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 11-22-53 — NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 11-22-53 — REGISTRAR'S SIGNATURE Mrs Nancy V. Roe

24. FUNERAL DIRECTOR Jacob Hafer — ADDRESS Frostburg, Md.

VS. 1

RECEIVED
1953
BUREAU V. ST

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11638

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Cumberland, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY Hampshire
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Levels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W (Last) Snyder

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Aug. 17, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Frederick Snyder

14. MOTHER'S MAIDEN NAME: Lydia Lehman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Beulah Snyder, Medina, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Senility — Interval Between Onset And Death: 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. nephritis — 6 mos

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1953 to 11/29, 1953 that I last saw the deceased alive on 11/29, 1953 and that death occurred at 1:40 P.m., from the causes and on the date stated above.

SIGNATURE R. W. Trevaskis, Sr. M.D. (Degree or title) ADDRESS Cumberland, Maryland DATE SIGNED 11/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 2, 1953

NAME OF CEMETERY OR CREMATORY Levels Cemetery

LOCATION (City, town, or county) (State) Levels, West Virginia

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1953

REGISTRAR'S SIGNATURE Winter R. Franz, M.D.

24. FUNERAL DIRECTOR W. H. McKee, Augusta, " ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
DEC 7 1953
BUREAU V. S.

11639
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 509 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Boyd (Middle) (Last) Sponaugle
4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 19 53

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept.13-1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Nightwatchman for the
10b. KIND OF BUSINESS OR INDUSTRY: gardener Co. Cumberland Under-
11. BIRTHPLACE (State or foreign country): Circleville, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ashby Sponaugle
14. MOTHER'S MAIDEN NAME: Mary C.Mullenax

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-10-7929
17. INFORMANT & ADDRESS: (wife) Sarah Sponaugle, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
456X
Immediate cause (a) Cerebral hemorrhage due to a 38 caliber — INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) bullet wound through head, self inflicted.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
21c. (City or town) Cumberland (County) allegany (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) about 10.20 Nov.23/53 A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot himself with a 38 caliber revolver.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V.Deming M.D. H.V. Deming M.D. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov.24-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 26, 1953
NAME OF CEMETERY OR CREMATORY Greenmount Cem
LOCATION (City, town, or county) Cumberland, (State) Maryland
DATE REC'D BY LOCAL REG. Nov. 25, 1953
REGISTRAR'S SIGNATURE Wentes R. Frantz, M.D.
24. FUNERAL DIRECTOR William H Kight, " ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A-5-53

DR. JACOBSON

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10661

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND,
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near CUMBERLAND, rural
STREET ADDRESS (If rural give location) RT.#1, ~~CUMBERLAND,~~ MD.

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) E. (Last) STAIR

4. DATE OF DEATH: (Month) NOV. (Day) 3 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: October 29, 1884 [redacted]

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM MILLER

14. MOTHER'S MAIDEN NAME: Margaret Koppes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X

Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension and — ?

DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1953 to Nov. 3, 1953, that I last saw the deceased alive on Nov 2, 1953, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Jacobson MD ADDRESS 50 Pershing St Cumberland, Md DATE SIGNED 11/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 5, 1953

NAME OF CEMETERY OR CREMATORY Hyndman Cem

LOCATION (City, town, or county) (State) Hyndman Penna.

DATE REC'D BY LOCAL REGISTRAR Nov. 5, 1953

REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 25

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10662

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 1 WEEK
HOSPITAL OR INSTITUTION OR STREET ADDRESS SACRED HEART HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND 11X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) JOSEPH (Last) SWEENEY
4. DATE OF DEATH: (Month) NOV. (Day) 24, (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 4, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: AUTO
11. BIRTHPLACE (State or foreign country): OAKLAND, MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES SWEENEY
14. MOTHER'S MAIDEN NAME: ANNA ROWAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: ESTELLA SWEENEY, OAKLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 199.1

Immediate cause (a) Cardiac arrest
DUE TO
Antecedent cause(s) (b) arterio-sclerotic Heart disease with decompensation.
DUE TO
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Squamous cell carcinoma left side neck with resection

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral embolis with incomplete hemiplegia rt. side

19a. DATE OF OPERATION: 11/17/53
19b. MAJOR FINDINGS OF OPERATION: Squamous cell carcinoma left neck.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Nov., 1953, to 24 Nov., 1953, that I last saw the deceased alive on 23 Nov. 1953 and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE W. A. Van Clemen (DEGREE OR TITLE) ADDRESS 531 Louisiana Avenue, Cumberland, Md. DATE SIGNED 24 Nov. 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 11/27/1953
NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY
LOCATION (City, town, or county) (State) OAKLAND, MD.

DATE REC'D BY LOCAL REG. Nov 24, 1953
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR EMROY BOLDEN? OAKLAND, MD. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

8-51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10563

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Bowery St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 21 Bowery Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) D. (Last) Thomas

4. DATE OF DEATH: (Month) Nov. (Day) 2nd, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 17, 1880

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. care-taker

10b. KIND OF BUSINESS OR INDUSTRY: Cemetery Work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Ann Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Ann Thomas, Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerotic Cardiovascular disease
DUE TO
(c)

Interval Between Onset And Death: 2½ days at least 3 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible Malignancy ?? - Stomach

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NONE — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. NONE

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 10/29, 1953, to 11/2, 1953, that I last saw the deceased alive on 11/2, 1953, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Franklin Wotherspoon M.D. — ADDRESS 48 Broadway Frostburg Md. — DATE SIGNED 11/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 4, 1953 — NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park — LOCATION (City, town, or county) Frostburg, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-4-53 — REGISTRAR'S SIGNATURE Dru Stanley H. Lee

24. FUNERAL DIRECTOR Joseph R. Durst, — ADDRESS Frostburg, Md.

NOV
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10664

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL) OR TOWN Cumberland
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 Louisiana Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 617 Louisiana Ave

3. NAME OF DECEASED: (Type or Print) (First) Lester (Middle) William (Last) Underdonk

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept 15 1891

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carman

10b. KIND OF BUSINESS OR INDUSTRY: B & O Ry

11. BIRTHPLACE (State or foreign country): Hagerstown Ind.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles F Underdonk

14. MOTHER'S MAIDEN NAME: Zella Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) W. W I

16. SOCIAL SECURITY NO.: 705-05-8570

17. INFORMANT & ADDRESS: Mrs Tina L Underdonk, Cumberland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1953, to 11/22, 1953, that I last saw the deceased alive on 11/22, 1953, and that death occurred at 8:15 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Geo W. Levy M.D.
ADDRESS 617 Louisiana Ave.
DATE SIGNED 11/23/53

23. BURIAL, CREMATION, REMOVAL* (Specify) Burial
DATE THEREOF Nov 24 53
NAME OF CEMETERY OR CREMATORY Hillcrest Cem.
LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 23, 1953
REGISTRAR'S SIGNATURE Walter L. Manly, M.D.

24. FUNERAL DIRECTOR Louis Stein, Jno. ADDRESS Cumberland Md

VS. 5

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1265

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rawlings
STREET ADDRESS (If rural, give location) R.F.D.#3 Keyser, W.Va.

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) Vance (Last) Van Meter

4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	March 7-1923	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Hazlewood Const Co.	Cumberland, Md.	U.S.A.

13. FATHER'S NAME: Melvin Van Meter

14. MOTHER'S MAIDEN NAME: Ethel Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes W.W.2	215-16-4367	(mother) Ethel G. Van Meter, Rawlings, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
414.3 Immediate cause (a)	Electrocution	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)		
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) Cresaptown (County) Allegany (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 23/53 12:07 P.M.	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR? pressure, body or cable of crane, came in contact with 4000 volt wire, while his one hand on bucket & other hand on re-inforcing rod.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H.V. Deming M.D. H. V. Deming M.D. M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED Nov. 23-1953

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 27 1953	Westown Cemetery	Rawlings, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 24, 1953	Wm. K. Danz, M.D.	Charles L. George	Cumberland, Md.

VS. 5A-5-53

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10666

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
LENGTH OF STAY (in this place) 6/8/48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Midland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) B. (Last) Walkenshaw

4. DATE OF DEATH: (Month) November (Day) 2, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb 4, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Barber
14. MOTHER'S MAIDEN NAME: Janet Ervin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocardial Degeneration — Interval Between Onset And Death ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) General Arteriosclerosis ?
DUE TO (c) Chronic Nephritis ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychoses. ?

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Nov. 2, 1953, that I last saw the deceased alive on Nov. 2, 1953 and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James C. McLean M.D. ADDRESS 49 Greene St. DATE SIGNED 11-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 4, 1953
NAME OF CEMETERY OR CREMATORY Eckhart Cemetery
LOCATION (City, town, or county) Eckhart, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR Nov. 4, 1953
REGISTRAR'S SIGNATURE Walter R. Lantz, M.D.
24. FUNERAL DIRECTOR Safer's, Funeral Home, Frostburg
ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-2415

NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 417 Maryland Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport,
STREET ADDRESS (If rural, give location) 433 Vine Street.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) G. (Last) Welsh

4. DATE OF DEATH: (Month) (Day) (Year) November 8, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 28, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phoenix, Maryland.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Edward Louth.
14. MOTHER'S MAIDEN NAME: Mary Gannon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Mary Ord, 417 Maryland Avenue.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

171x Immediate cause (a) Carcinoma of Cervex — INTERVAL BETWEEN ONSET AND DEATH: Jan 1950

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Nov. 8, 1953, that I last saw the deceased alive on Nov. 8, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE P E Berry (DEGREE OR TITLE) M. D. ADDRESS Piedmont W. Va DATE SIGNED 11/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 11, 1953
NAME OF CEMETERY OR CREMATORY St. Peters Cemetery,
LOCATION (City, town, or county) (State) Westernport, Maryland.

DATE REC'D BY LOCAL REG. Nov. 10, 1953
REGISTRAR'S SIGNATURE Mrs Jean C. Kelly
24. FUNERAL DIRECTOR W. H. Fiedlock Jr ADDRESS Piedmont, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-51

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10668

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 02
STREET ADDRESS (If rural give location) 100 Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Franklin (Last) Weltman

4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 21, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Ret. R.R. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: B & O. R.R.
11. BIRTHPLACE (State or foreign country): Newburg, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Detrich Weltman
14. MOTHER'S MAIDEN NAME: Julia Hernline

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Florence Weltman, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Chronic myocarditis — Interval Between Onset And Death: 8 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Nov. 14, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 12-NOON, from the causes and on the date stated above.

SIGNATURE (Degree or title) Clay E. Jurrett - M.D. ADDRESS Cumberland DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 17, 1953
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1953
REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland Md.

RECEIVED
NOV 18 1953
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4 — 10664

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland 02

LENGTH OF STAY (in this place): 75 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 216 Park Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland 02

STREET ADDRESS (If rural give location): 216 Park Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Nancy	Dollie	Wilson	November 9 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct 24 1874	79 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Marleys Branch, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry North	Elizabeth Athey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Arthur Wilson, Cumberland, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause	(a) Chronic Myocarditis	1yr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis	—
	(c) DUE TO —	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	—

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	Cumberland	Alleg	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.		

22. I hereby certify that I attended the deceased from 2/15/53, 19..., to 11/9/53 19..., that I last saw the deceased alive on 11/9/53 19..., and that death occurred at 10-30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[signature] M.D.	Cumberland	11/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 11 1953	Hill Crest Burial Park	Cumberland, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 11, 1953	Walter R. Frantz, M.D.	William H. Kight	Cumberland, Md.

VS. 15 T

RECEIVED
NOV 17 1953
BUREAU V. S.

Mr. Light